

Request for Verification that Customers are Authorized to Purchase for Resale



DR-600013 N. 01/00

(Please print or type)

Date of Request:			
Name of Your Business:			
Name of Contact at Your Business:	The Department of Revenue will	return your tape or diskette to the contact/address that you specify.	
Return Address:	Street		
	City		
	State		
	ZIP		
Telephone Number of Contact:	()		
Are you sending a diskette or a cartridge	tape to the Department of	Revenue?	
☐ Diskette ☐ Cartridge Tap	• Total number of rec	ords in the file:	
Mail the diskette or tape and this complete	Pro G3 Tal	orida Department of Revenue oduction Control 0 Carlton Building lahassee, Florida 32399-0100 0-488-3516	
For DOR Production Control use:			
Run STI26 to process diskette, STI	28 to process tape.		
Date the job was started:	Time	Time the job was started:	
Name of the person who started the job	¢		

Instructions for Requesting Verification that Customers are Authorized to Purchase for Resale

This document explains the procedures for verifying that customers of a business are authorized to purchase for resale.

Send a file containing the Certificate of Registration numbers of the customers to the Florida Department of Revenue. You must include a "Request for Verification That Customers are Authorized to Purchase for Resale" with the file. The Department of Revenue will then identify customers who are active registered dealers authorized to purchase for resale. The Department will return a file containing the Certificate of Registration numbers and vendor authorization numbers to a user contact at your place of business. Those customers for whom the vendor authorization number field is left blank are NOT authorized to make purchases for resale. Your user contact will also receive a letter summarizing the verification process. The file of customers that is returned to your place of business will reside on the same medium sent to the Department.

FILE REQUIREMENTS

Data files that are sent to the Florida Department of Revenue must reside on 3 1/2" diskette or cartridge tape.

Diskette Requirements: Must be high density (HD) 1.44M or double density (DD), 720K

Must be IBM PC compatible format

Data file must be ASCII text format - no embedded signs or decimals

The file must be named RESALE.TXT Do not zip (i.e., compress) the file

Tape Requirements: 18-track cartridge

IBM EBCDIC format Label records omitted Recording mode = F

Blocking factor = 7168 characters

RECORD DESCRIPTION (file that you send to the Department of Revenue)

<u>Position</u>	Field Contents	<u>Type</u>	<u>Length</u>
1-13 14-35	Customer's Certificate of Registration number User-defined data, reserved for use of your business	alphanumeric alphanumeric	13 22
36-48	Leave blank	alphanumeric	13

RECORD DESCRIPTION (file that is returned to you from the Department of Revenue)

<u>Position</u>	Field Contents	<u>Type</u>	<u>Length</u>
1-13	Customer's Certificate of Registration number	alphanumeric	13
14-35	User-defined data, reserved for use of your business	alphanumeric	22
36-48	Vendor authorization number (blank if not authorized)	alphanumeric	13

Write your business name, the mailing date and a sequence number (if you send more than one diskette or tape) on an external label and affix the label to the diskette or tape. In case the diskette or tape is lost or damaged, we recommend that you create a backup copy of your file. **Mail a completed request form and the diskette or tape to:**

Florida Department of Revenue Production Control G30 Carlton Building Tallahassee, Florida 32399-0100 850-488-3516